

Name
in
Full

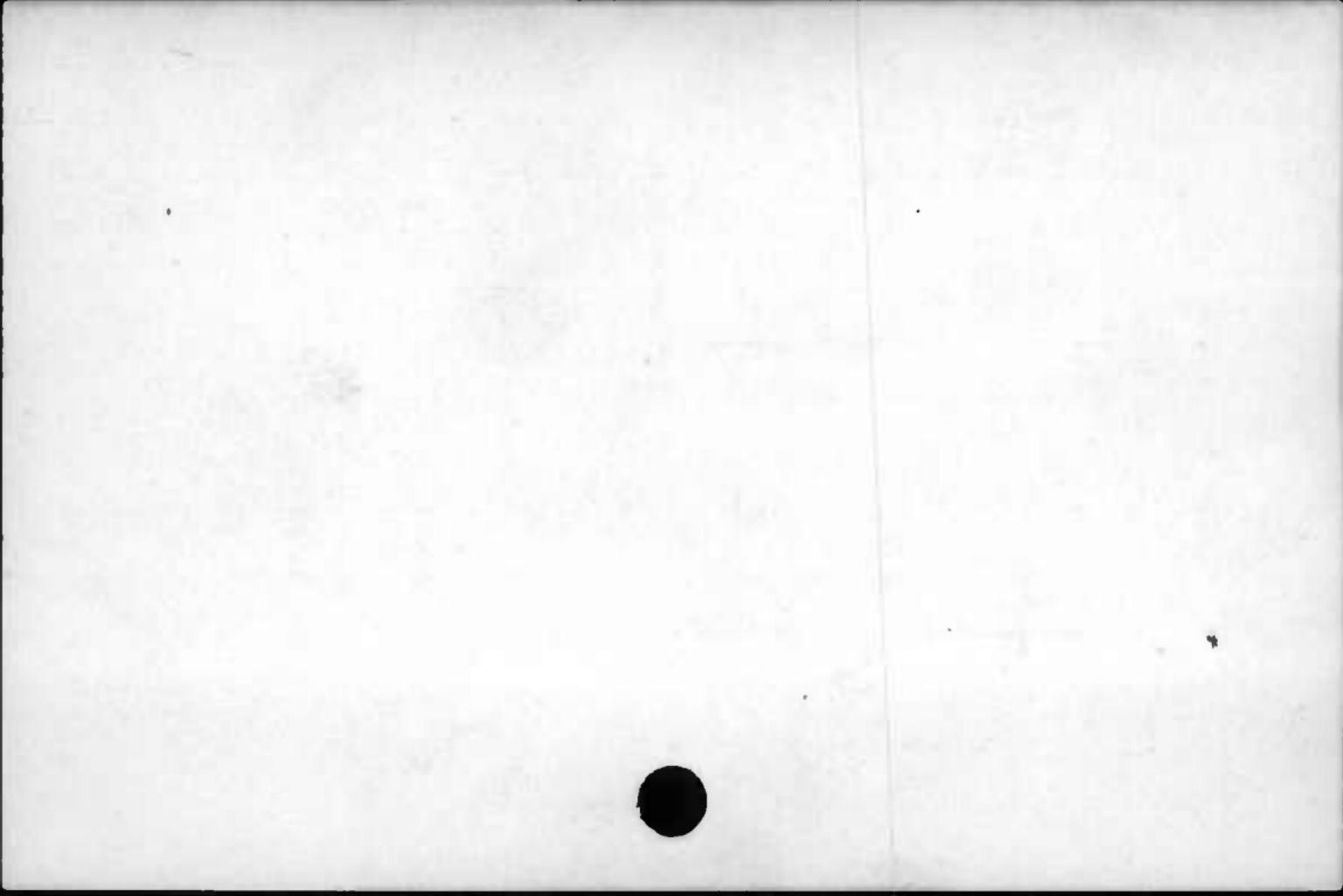
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Mt Harmony</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Mt Harmony</u>				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Peter Jones John Boose</u>					
Mother's Maiden Name	Father's Birthplace .. .					
Name of person giving Information	Mother's Birthplace .. .					
How related to deceased						Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	—	—	How long
	Immediate <u>Heart Failure</u>	—	(19)	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>Mary Thomas Midwife</u>	How long
			Address <u>Mt Harmony Md.</u>	
Accident or Suicide?		(No P)	Sob. Regr. - <u>Spec of Ward</u>	J. P.



Name
in
Full

John Dixon.

5/4/11

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Port Republic Town

County

C.D.

MARYLAND

Date of death 190 Month May Day 16 Age 77. Years — Months — Days —

Sex

Dark.

Color or Race

Birth-place

Occupation

Fanner,

Where Residing if not
at place of death

yes

Married, Single
or Widowed:

Name of Wife or Husband

Aleather Dixon.

Father's Name

Passier Dixon

Father's Birthplace

Mother's Maiden Name

Mary Dixon.

Mother's Birthplace

Name of person giving information

Aleather Dixon.

How related to deceased

CAUSES OF DEATH

Weakness.

Primary

Senile debility

How long

(154)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

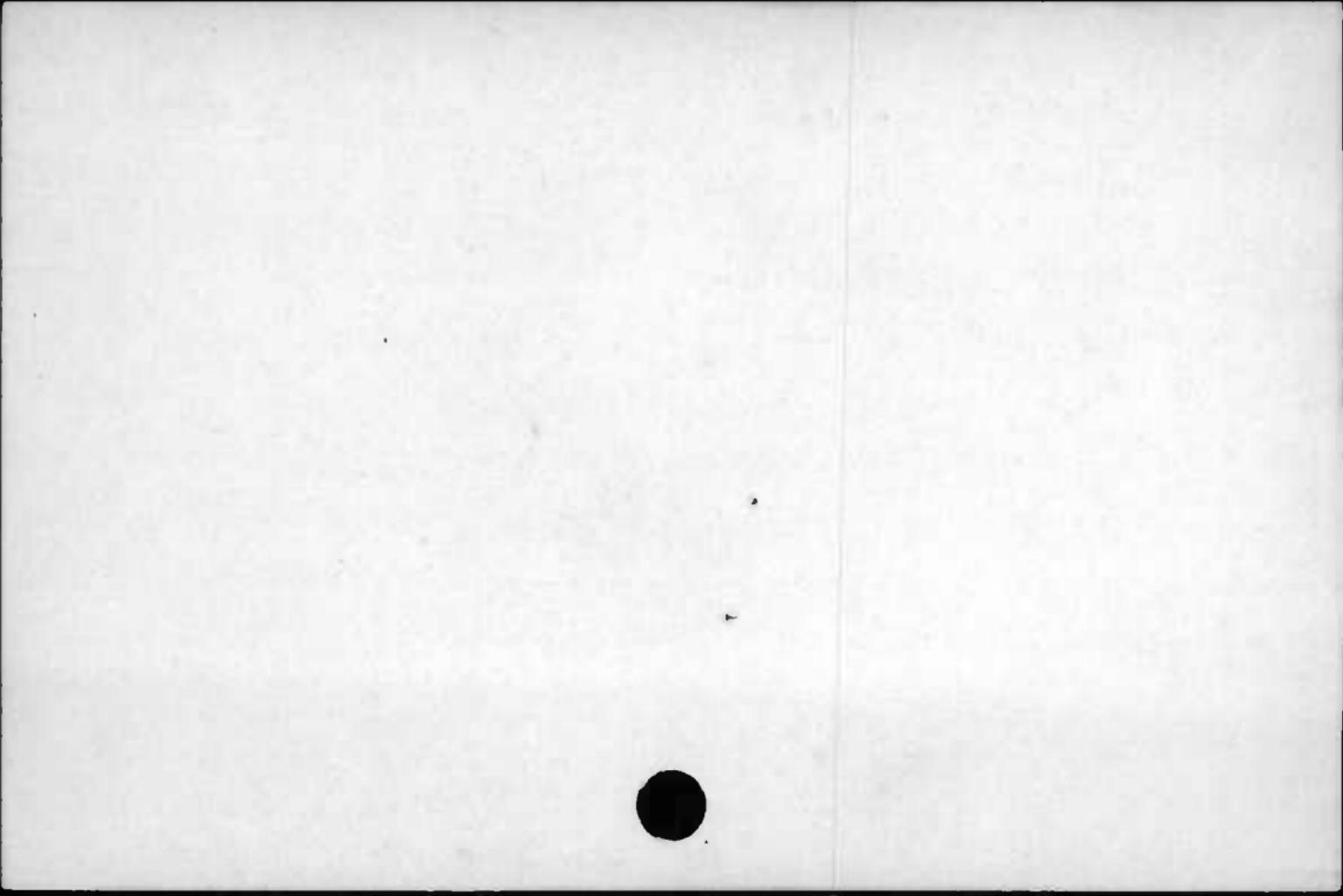
Signature of Physician

Address

J. Brooks.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Henry Bolling
Solomons

CERTIFICATE OF DEATH

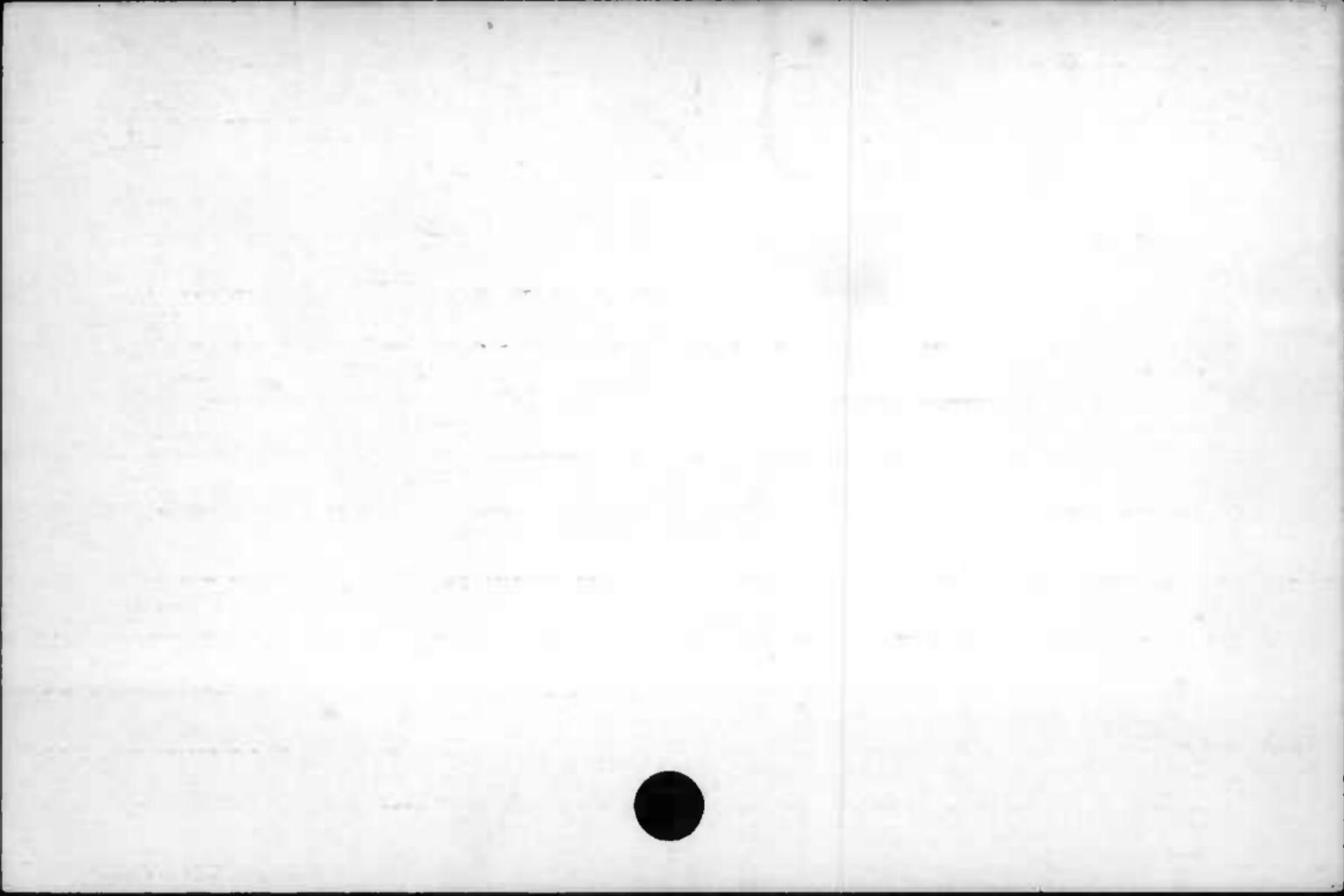
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75	9	9
Occupation	Where Residing if not at place of death		A		
Married, Single or Widowed	Name of Wife or Husband	Sarah Ann Hudson			
Father's Name	Greensbury Bolling		Father's Birthplace	Dorchester Co. Md.	
Mother's Maiden Name	Comfort Cannon		Mother's Birthplace	Dorchester Co. Md.	
Name of person giving information	Edward N Jones		How related to deceased	Son in law.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertrophy of Prostate	(25)	How long	—
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. C. W. Marsh,
			Address	Solomons, Md.
Accident or Suicide?				



Name
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Harriet Gray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mt Harmony Town Calvert County

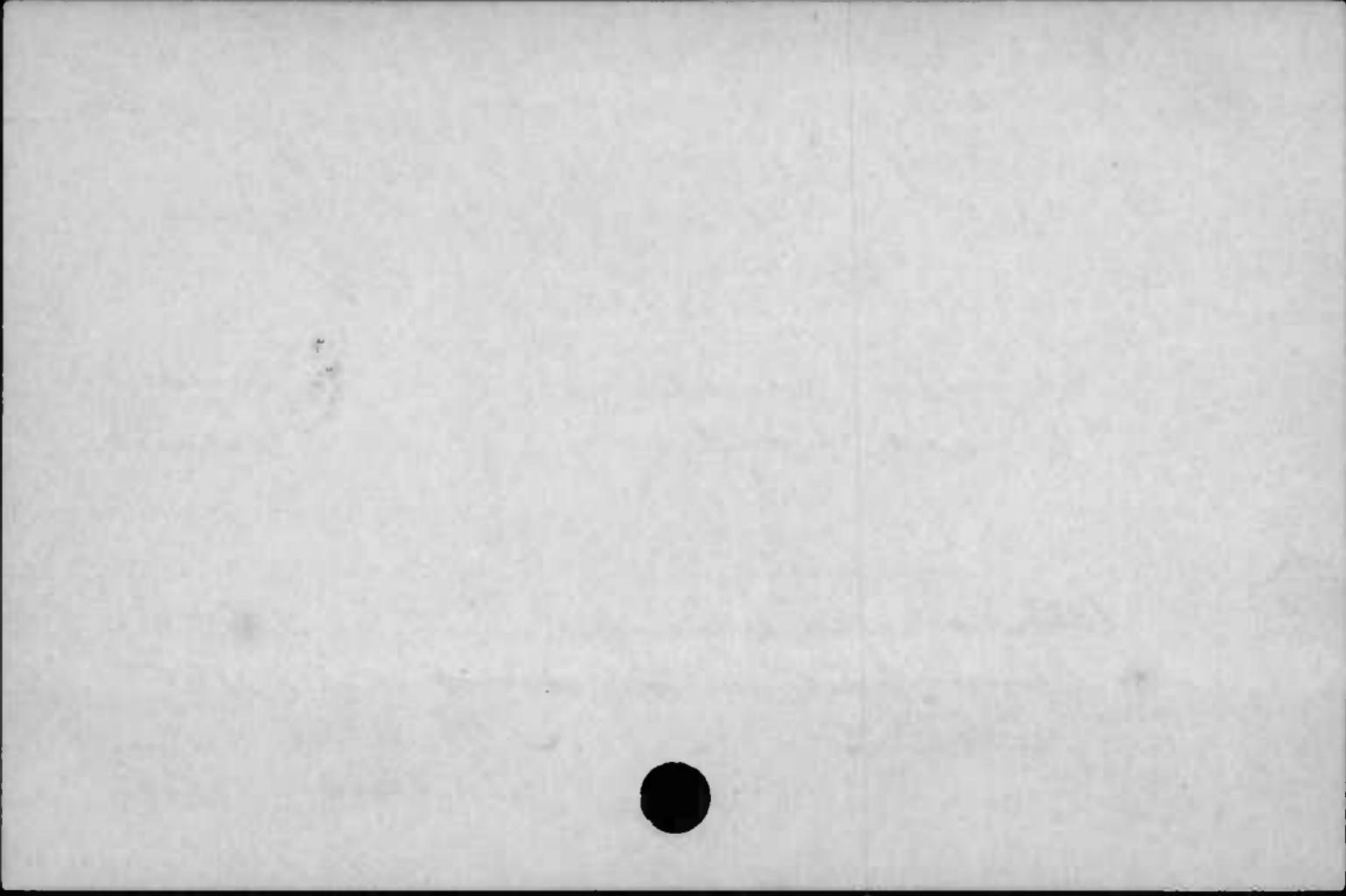
MARYLAND

Date of death 1906	Month 5	Day 9	Age 91	Years	Months	Days
Sex Female	Color or Race	Colored		Birth-place	Md	
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband	Robert	Gray	Father's Birthplace		
Father's Name				Mother's Birthplace		
Mother's Maiden Name				How related to deceased		
Name of person giving information	Frank Miles			Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dribility	How long	Several yrs
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J L Brayshead
		Address	Friendship Md
Accident or Suicide?			



Name
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John W. Hall

CERTIFICATE OF DEATH

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NEAREST FRIEND

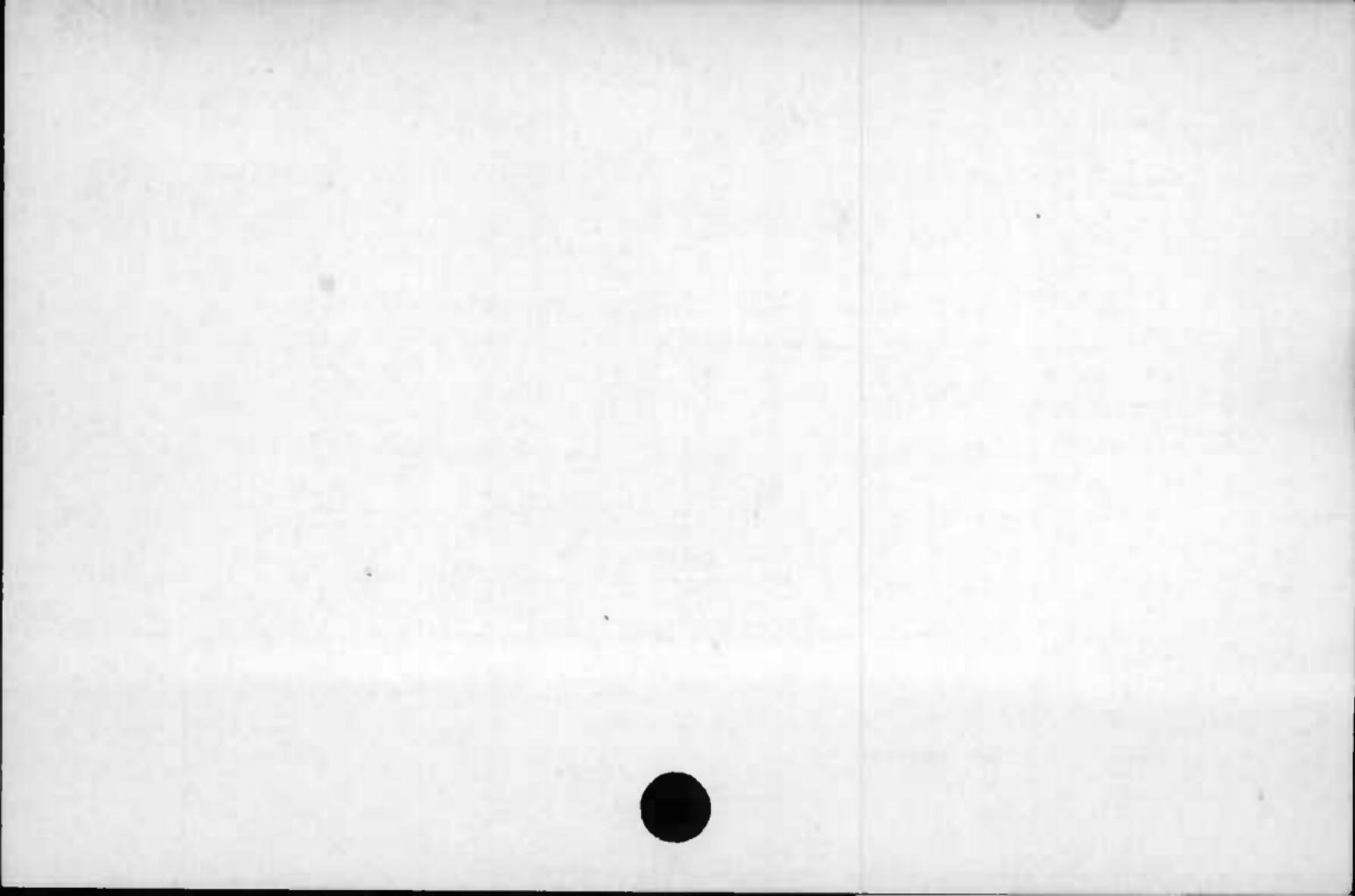
Died at	Town	County		MARYLAND		
Holland Rd	Holland	Calvert				
Date of death	Month	Day	Years	Months	Days	
1906	May	14	1	1		
Sex	male	Color or Race	white	Birth-place	Calvert Co	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charley Hall			Father's Birthplace	Calvert Co	
Mother's Maiden Name	Eesie Hall			Mother's Birthplace	Calvert	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	⑧	How long	1 mo
Immediate	Broncho Pneumonia		How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			J.W. King
	Address			Baltimore Md.

Accident or Suicide?



Name

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Clarence E. Hardison 5/4/16

CERTIFICATE OF DEATH

TO BE ANSWERED BY

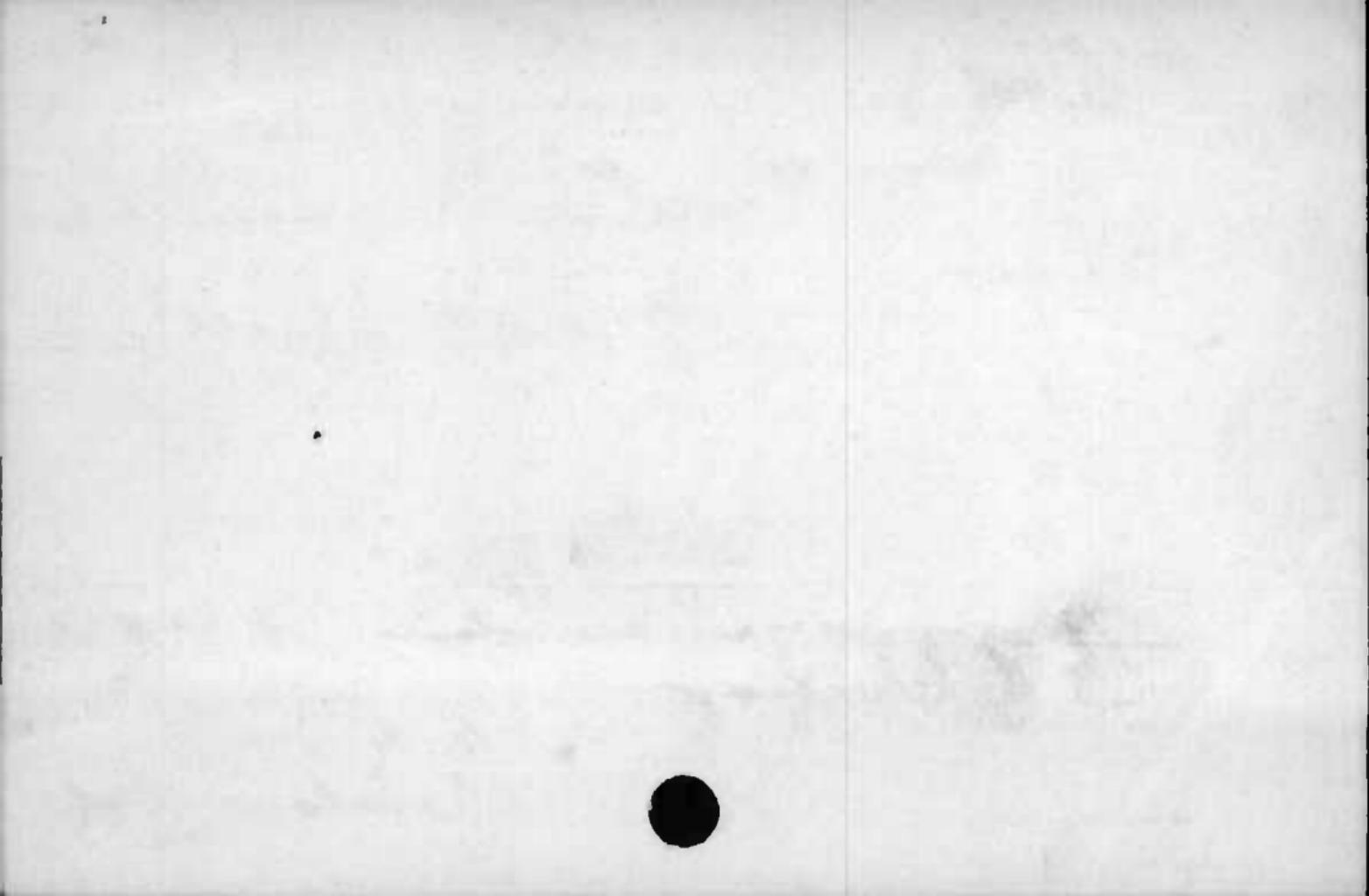
NEAREST FRIEND

Died at	Town	County						
1610 Patterson	Wellesville, Allegany	MARYLAND						
Date of death	Month	Day	Years	Months	Days			
1906	May	39	2	0	0			
Sex	Color or Race	Birthplace						
Female	Colored	Calvert Co.						
Occupation	Where Residing if not at place of death						"	
Married, Single or Widowed	Name of Wife, or Husband							"
Father's Name	John H. Hardison							Father's Birthplace
Mother's Maiden Name	Cora E. Donnell							Mother's Birthplace
Name of person giving information	John H. Hardison							How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disease from which		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	D. Brooks, M.D.		



Name
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Albert Mackall

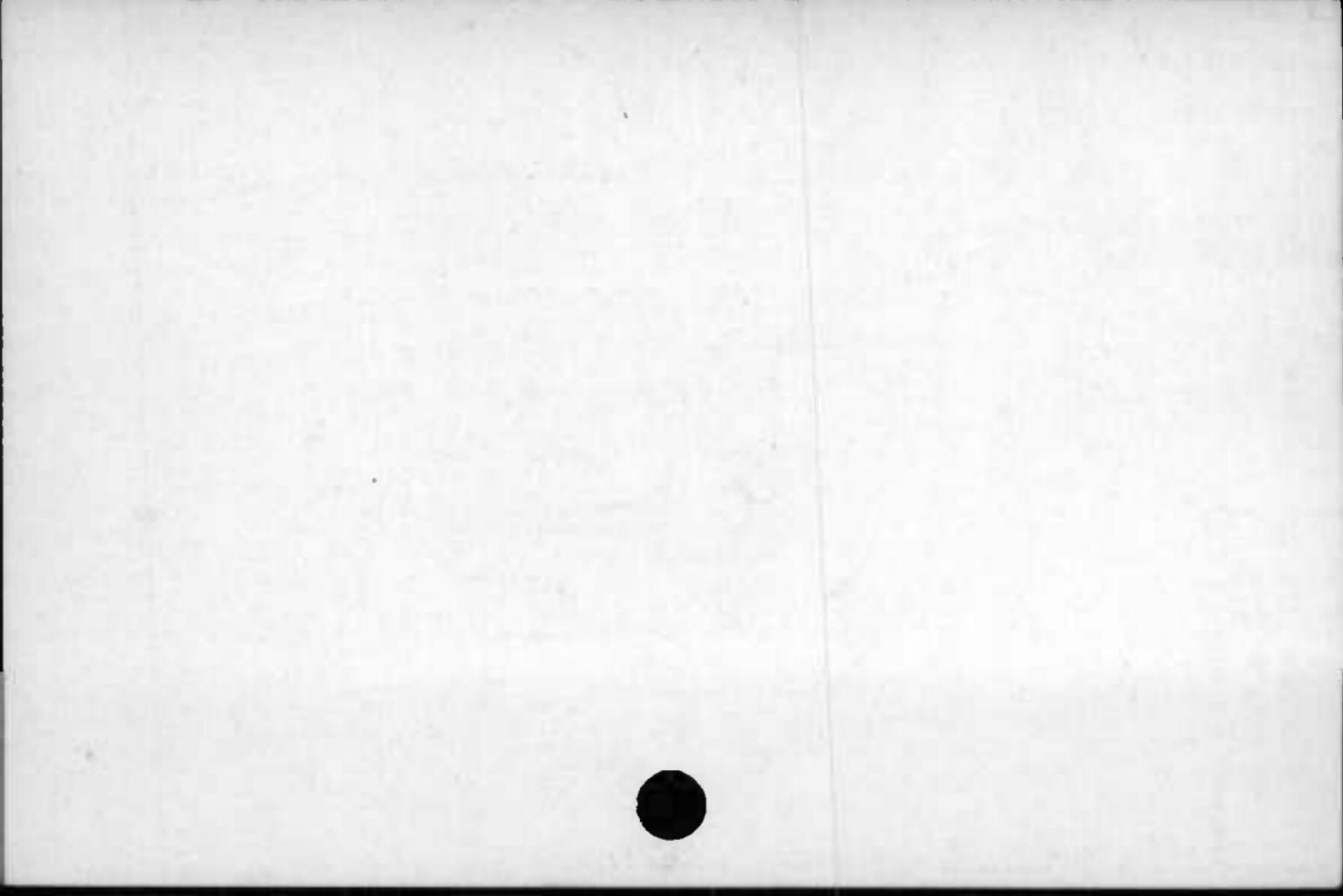
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Barstow	Calvert	Months	Days	
Date of death	Month	Day	Years		
1906	May	18 -	Age 47		
Sex	Male	Color or Race	Blacks	Birth-place	Calvert Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Married, Single or Widowed	Mary Mackall				
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long	2 yrs
	Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	I. M. King	
		Address	Barstow, Md	
Accident or Suicide?				



Name
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Charles H. Ransby 545

3
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906 May	9	Age 39				
Sex	male	Color or Race	color	Birth-place	Calvert Co	
Occupation	insurance	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James Ransby		Father's Birthplace	Calvert Co		
Mother's Maiden Name	Rebecca Watson		Mother's Birthplace	"		
Name of person giving information	Rebecca Ransby		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(21)	How long
Immediate		How long

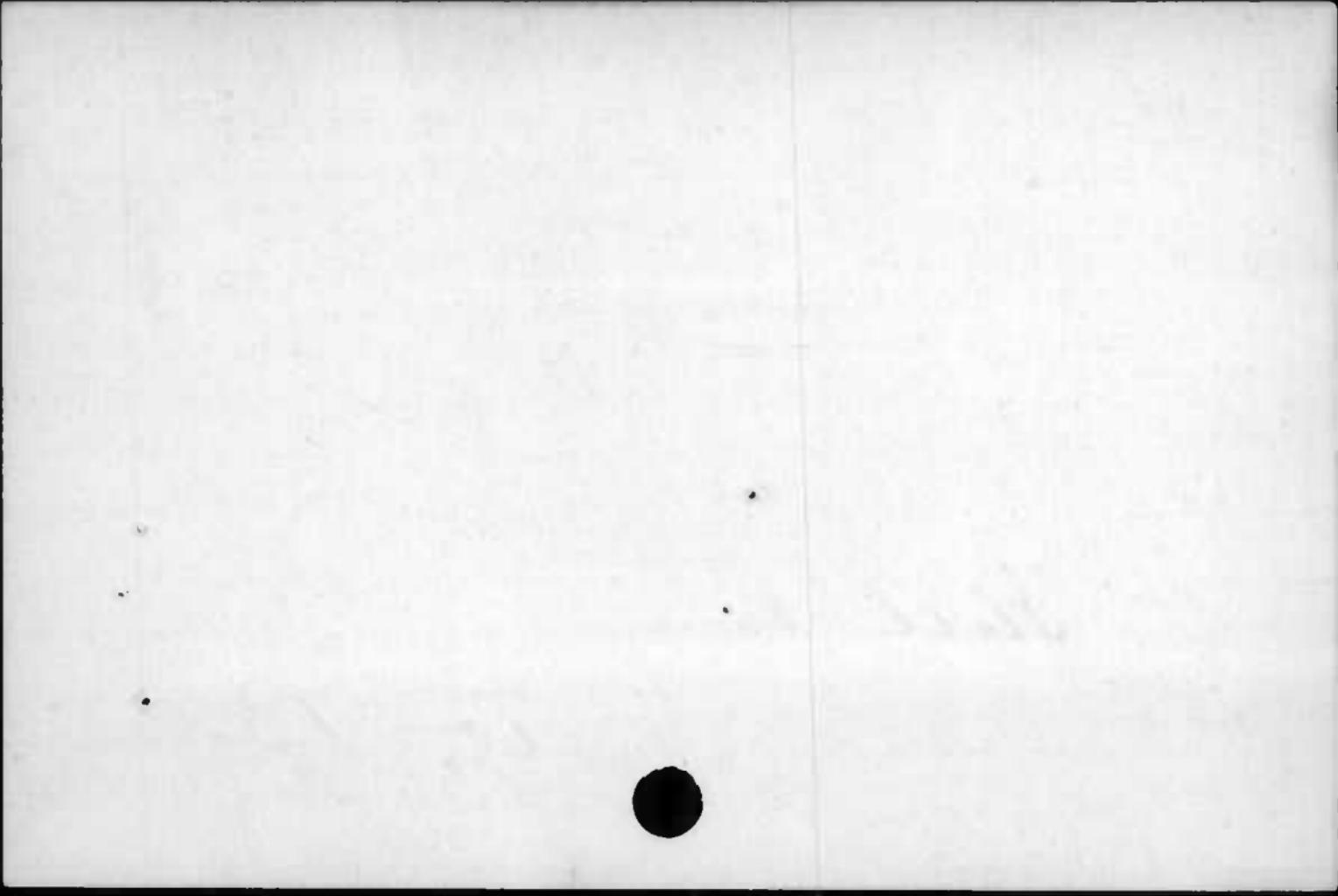
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

19 Brooks & Bros



Name
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Still born ~~Stewart~~ ~~Hallett~~

CERTIFICATE OF DEATH

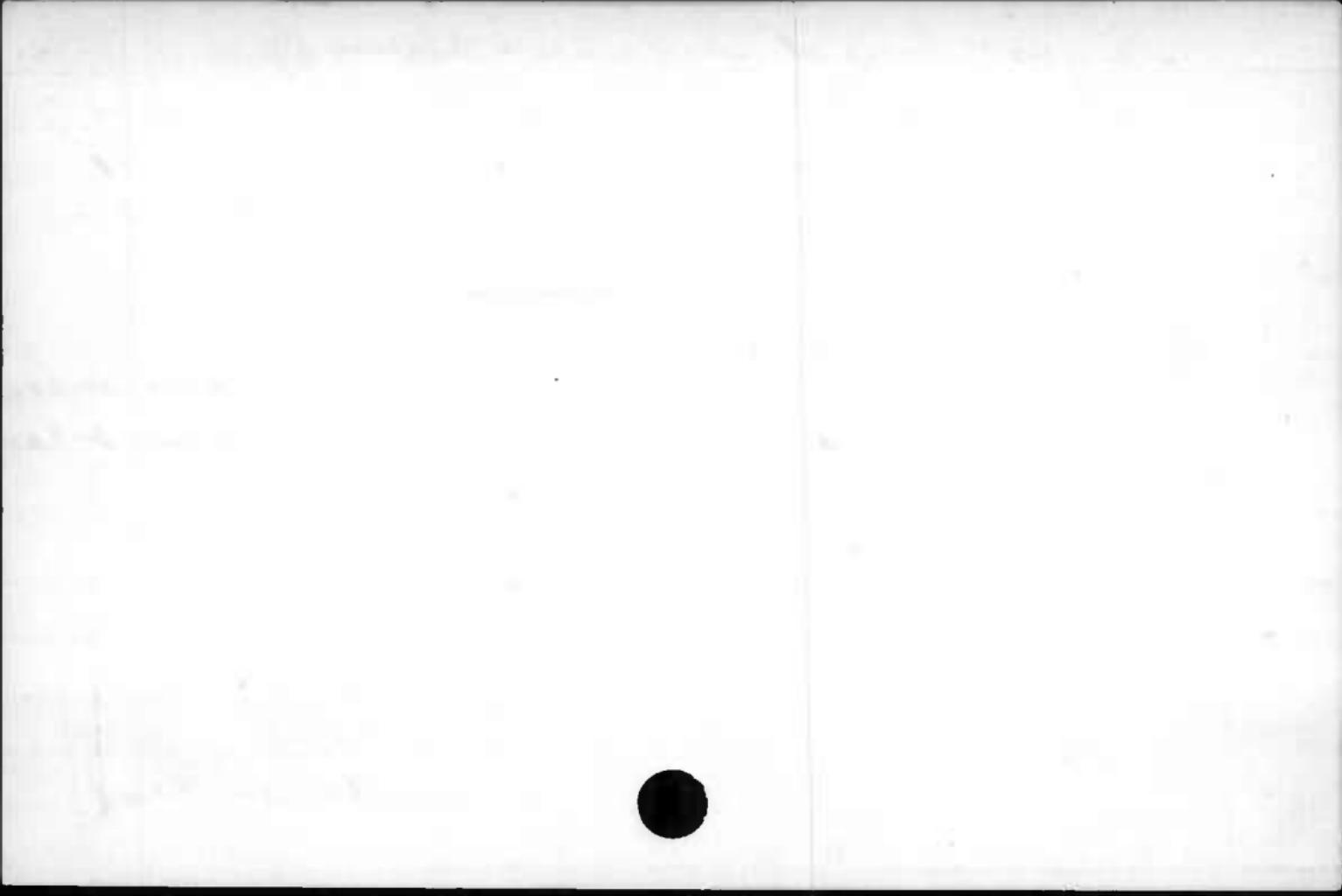
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	located
Father's Name	S		
Mother's Maiden Name	Laura Gross	Mother's Birthplace	" "
Name of person giving information	Eunice Rhodes	How related to deceased	sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born S	How long
Immediate	S	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Tom Baan
	Address	Baltimore Md
Accident or Suicide?		



Name
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Unnamed Infant (Wood) CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Republic</u>	Own	<u>Calvert</u>	County	MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>14</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>white</u>		Birth-place	<u>Calvert</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Wesley Wood</u>					Father's Birthplace
Mother's Maiden Name	<u>Bessie Attoe</u>					Mother's Birthplace
Name of person giving information	(51)					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. M. King

Address

Baltimore Md.

Accident or Suicide?

